

### **OPTIONAL STATE SUPPLEMENTATION<sup>1</sup>**

State does not provide optional supplementation.

### **STATE ASSISTANCE FOR SPECIAL NEEDS<sup>2</sup>**

#### **ADMINISTRATION**

Department of Health and Human Resources, Bureau for Children and Families.

#### **SPECIAL NEED CIRCUMSTANCES:**

##### **ADULT FAMILY- CARE HOME**

Payment of \$431-\$501 monthly (depending on amount of care required for each recipient) provided on behalf of every aged, blind, or disabled person living in personal-care home who has been approved for SSI or is income eligible.

##### **PERSONAL-CARE HOME**

Payment of \$536 monthly provided on behalf of every aged, blind, and disabled persons living in a personal-care home who has been approved for SSI or is income eligible.

##### **PERSONAL-CARE SERVICES:**

Payment of \$5-\$110 monthly provided to aged, blind, and disabled persons who live in their own homes, or in some cases, in homes of others. The recipient must be one who: 1) is unable to perform certain household tasks; 2) would be unable to remain in his/her own home without personal care service; and 3) has been approved for SSI or is income eligible.

##### **EMERGENCY FINANCIAL ASSISTANCE**

Amounts vary with need but cannot exceed maximum. Provided on behalf of eligible persons who have emergency needs for the items covered by the program, such as: utilities, shelter, food, clothing, etc. Payments may be made to individuals or families to cover an emergency for up to 30 consecutive days in any 12 month period.

<sup>1</sup> State does not have a mandatory minimum supplementation program. State does not participate in the Interim Assistance Reimbursement program.

<sup>2</sup> Vendor payments.

**SPECIAL NEED  
CIRCUMSTANCES (CON.)****BURIAL  
EXPENSES**

Up to \$400 (up to \$325 for children) provided for burial expenses for persons who do not possess sufficient resources to pay for burial expenses. A contribution of up to \$1,200 toward burial expenses from any source is excluded from consideration as a resource in determining assistance amount for burial expenses.

**MEDICAID****ELIGIBILITY:****CRITERION**

SSI program guidelines (title XVI).

**DETERMINED BY**

Social Security Administration.

**MEDICALLY NEEDY  
PROGRAM**

Program for the aged, blind, and disabled medically needy.

**UNPAID MEDICAL  
EXPENSES**

The Social Security Administration obtains this information.